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## 'Purifying the Profession': Good Character and the General Nursing Council Disciplinary Committee in the Inter-war Period

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The 'very important part of a nurse's qualification', Sydney Holland, chairman of the London Hospital and an outspoken opponent of nurse registration told the 1904 Select Committee on Registration of Nurses, 'is character'. This meant 'whether she is unselfish, is a good woman and has all the other characteristics that go to make a good nurse'.<sup>1</sup> Holland was not the only antiregistrationist to claim that good nurses were born and not made. The range of attributes he cited drew on the purportedly 'natural' qualities of womanhood as well as class-based measures of morality and proper behaviour.<sup>2</sup> One of the prominent arguments between pro- and antiregistrationists before the passing of the Nurses' Registration Act in the UK in December 1919 was the question of character. Supporters of registration emphasised the 'technical knowledge' of the nurse, as Dr Bedford Fenwick put it.<sup>3</sup> After all, as Annie Hobbs, the secretary of the Royal British Nursing Association (RBNA) pointed out to the same committee, 'if a good character is to be the only qualification of a nurse, I can see no reason why she should be trained at all, and then it follows – how will the hospital get their work done'?<sup>4</sup> Despite emphasising the value of training and skills, however, both Fenwick and Hobbs took pains to stress that they also believed character essential to nursing.<sup>5</sup> While their aim was to increase the attention paid to clinical and practical knowledge in nursing education and practice, they perceived this would simultaneously improve the character of nursing recruits by attracting more nurses from middle- and upper-class backgrounds.

The continued emphasis on nursing character in the decades after the registration act is perhaps one of the reasons why historians have seen the impact of nurse registration and the General Nursing Council (GNC) on the development of the nursing profession in the UK as minimal. Ann Bradshaw has pointed out the longevity of the character-based model of nursing in education, extending beyond the Second World War and into the National Health Service (NHS).<sup>6</sup> Jane Brooks and Anne Marie Rafferty have shown the limited influence the GNC had on nursing training in the interwar period,<sup>7</sup> while McGann, Crowther and

<sup>1</sup>Great Britain, Parliament, *Report from the Select Committee on Registration of Nurses* (London, 1904), 30.

<sup>2</sup>June Purvis, *Hard Lessons: The Lives and Education of Working-Class Women in Nineteenth-century England* (Cambridge, Polity Press, 1989) 59–70; Joan Burstyn, *Victorian Education and the Ideal of Womanhood* (New Brunswick, N.J., Rutgers University Press, 1984) 33–4.

<sup>3</sup>Parliament, *Registration*, 3.

<sup>4</sup>Parliament, *Registration*, 69.

<sup>5</sup>For Fenwick's views on character see Ann Bradshaw, *The Nurse Apprentice, 1860-1977* (Aldershot, Ashgate, 2001) 74–6.

<sup>6</sup>Bradshaw, *Nurse Apprentice*.

<sup>7</sup>Jane Brooks, 'Structured by Class, Bound by Gender: Nursing and Special Probationer Schemes, 1860-1939', *International History of Nursing Journal*, 6:2 (2001), 13–21; Anne Marie Rafferty, *The Politics of Nursing Knowledge* (London, Routledge, 1996) 137.

Dougall's history of the Royal College of Nursing points out that government demands forced the GNC to lower its requirements for registration, further reducing its influence.<sup>8</sup> Monica Baly suggests that the 'greatest obstacle to change' in the early decades of the twentieth century was nurses themselves, who 'clung tenaciously to the principles that had raised them'.<sup>9</sup> Indeed, historians have shown that nursing as a profession became more fragmented in the twentieth century.<sup>10</sup> However, these same histories also indicate that some efforts were made in the interwar period to dismantle the elitist, class-based model of character that had been held in such high esteem by many Victorian registrationists.<sup>11</sup> This suggests that the decades after the introduction of registration deserve greater attention as a period in which the nursing profession was beginning to be re-shaped, looking beyond formal publications and guidance at the effects on practice. In this article, I focus on the period after the Nurses' Registration Act and before the Second World War, to explore changes in the way character in nursing was understood, before the upheaval of war and the subsequent reorganisation of nursing under the NHS.

There was, after all, one significant influence that the GNC did have: for the first time, a formal judgement was required of when someone did *not* make a good nurse. Here I focus on the ways in which the good nurse was associated with character, class and gender in the records of the GNC disciplinary committee. When the GNC was formed, one of its roles was to determine when and why a nurse might be removed from the register. This turned out not to be an easy matter, and the discussions of the disciplinary committee reveal how essential personal and moral traits were thought to be to nursing practice in this era. Indeed, for some matrons an attempt to 'purify the profession', as they put it, became one of the main functions of state registration. These women, largely drawn from the middle classes and trained before 1900, regarded policing the personal lives of other nurses as an important function of their role. Their discussions nonetheless raise interesting questions about the changing expectations on and of women in the interwar period. While class and gender remained significant factors in the way moral character was defined, the decisions of the committee can help us begin to chart some interesting changes. Yet, while some of the reasons given for removing a nurse from the register might still lead to a nurse being struck off today, the vast majority of 'minor offences' recorded would no longer be considered relevant to the professional life and work of a nurse.<sup>12</sup> I conclude that, no matter how many times writers in different eras might hark back to Florence Nightingale, the traits expected of a nurse are most definitely not timeless.<sup>13</sup> Expectations on nurses have changed alongside shifts in the status of nursing, the structure of healthcare and, lastly and perhaps most importantly, the expectations on and of women in society.

<sup>8</sup>Susan McGann, Anne Crowther and Rona Dougall, *A Voice for Nurses: A History of the Royal College of Nursing 1916-90* (Manchester, Manchester University Press, 2009) 32.

<sup>9</sup>Monica Baly, *Florence Nightingale and the Nursing Legacy* (London, Wiley, 1997) 219.

<sup>10</sup>Robert Dingwall, Anne Marie Rafferty and Charles Webster (eds.) *An Introduction to the Social History of Nursing* (London, Routledge, 1988) 98.

<sup>11</sup>Dingwall et al., *Introduction*, 93.

<sup>12</sup>Eve R. D. Bendall and Elizabeth Raybould, *A History of the General Nursing Council for England and Wales, 1919-1969* (London, H.K.Lewis, 1969) 114.

<sup>13</sup>Inter-war writers often claimed the traits emphasised by Nightingale as timeless. For example, Douglas Hay Scott, *Modern Professional Nursing, Vol. 2* (London, Caxton, 1936) 185. For a modern example showing the enduring nature of this claim, see Ann Bradshaw, 'Compassion: What History Teaches Us', *Nursing Times*, 107:19-20 (2011) 12.

In December 1919 the Nurses' Registration Act provided for the foundation of a General Nursing Council for England and Wales (GNC), set up in 1920 with 16 nurse members and 9 lay members on its caretaker council. Separate acts were passed for Scotland and Ireland (which at that time was a unified country), and there was much discussion as to how the separate councils – and separate registers – could and should work together.<sup>14</sup> The new register opened to existing nurses in 1921. To register, nurses had to submit evidence of professional efficiency and good character. The second requirement was not unique to nursing. Medical students also had to prove good character in order to sit their final exams.<sup>15</sup> The *nature* of the character required in nursing, however, was quite different from that expected of mostly male medical students, in that nurses' personal lives were under significantly greater scrutiny. Moreover, while the notion of character held by the GNC was related to the traits mentioned by numerous nursing writers of the period, it was also not quite the same as the rigid outlines of character described in nursing textbooks.<sup>16</sup> Nowhere was this clearer than in the discussions of the GNC disciplinary committee.

This committee was formed in 1922 to review the case of any nurse put forward for removal from the register and report to council for a final decision. The committee's role was taken seriously by its members. When it came to choose a chair the surgeon Sir Thomas Jenner Verrall, one of five council members appointed by the Ministry of Health, suggested that 'a nurse with a pretty good knowledge of things ought to occupy the Chair', so that anyone investigated would have 'someone in the chair who is sympathetic'. As Jenner pointed out 'it means ruin to a woman to be struck off' and thus it was 'important the nurse members present should express their views.'<sup>17</sup> Express their views the nurse members certainly did, albeit with varying degrees of sympathy for the nurses reported to them. Most of the committee were not regular attendees, however, and a small handful of nurses contributed to the majority of its discussions. The most outspoken committee members, alongside the not-always-sympathetic chair, Ann Bushby (Matron of the Queen's Hospital for Children, Hackney), were Ellen Musson (Matron of the General Hospital, Birmingham, and chair of the GNC from 1926-43), Gertrude Cowlin (organising secretary of the College of Nursing), and Rachael Cox-Davies, a founder member of the College of Nursing, who joined the committee in 1928 and was elected chair in 1933. Three of this group had trained before 1900, with only Cowlin representing younger generations of nurses, having qualified in 1910. She was also the only regular attendee who was not matron of a large general hospital; here, as elsewhere in the GNC, general nursing dominated.

The GNC records in the National Archive contain not only the minutes but also meeting transcripts for the first few decades of the disciplinary committee, giving us an in-depth look into what this small group of hospital matrons felt were indefensible acts committed by nurses. By looking at what behaviour they considered unworthy of a nurse, we can better appreciate what was expected of a nurse in this period, both professionally and morally. The

<sup>14</sup>National Archives UK (hereafter NA), General Nursing Council (GNC) coll., DT5/435 Registration Committee Signed Minutes, 1920 – Jan 14 1921.

<sup>15</sup>NA, GNC coll., DT2/6, P. Barter to Pitt, London, 15 March 1924.

<sup>16</sup>For example, Violet Young, *Talks to Probationers* (London, A.H.Stockwell, 1932) 16–19; Mary S. Cochrane, *Nursing* (London, Geoffrey Bles, 1930) 186–9; Margaret S. Riddell, *A First Year Nursing Manual*, 1<sup>st</sup> ed. (London, Scientific Press, 1931) 9–11; Evelyn Clare Pearce, *A General Textbook of Nursing* (London, Faber & Faber, 1937) 2–4.

<sup>17</sup>NA, GNC Coll., DT6/45, 12 March 1923.

Royal British Nurses Association (RBNA) had, after all, campaigned for registration on the grounds that the public were unprotected from nurses who committed crimes and immoral acts. In these campaigns, the RBNA tended to conflate qualified and unqualified nurses. A pamphlet issued by the organisation in 1904, with the sensational title 'A Hundred Nursing Scandals', listed legal cases of theft, fraud, begging and neglect carried out by women claiming to be nurses. In addition, the pamphlet named nurses cited in the divorce courts. This indicates not only the wide range of crimes which were thought to bring the nursing profession into disrepute prior to 1919, but also that the public were to be protected not only from harm caused by negligent nurses but also from nurses who were 'if not immoral, to the last degree, unseemly and reprehensible'.<sup>18</sup>

Both these aspects of protecting the public remained at the forefront of the discussions of the GNC disciplinary committee. It was to the courts that the GNC Disciplinary Committee also first turned. However, they quickly encountered the difficulty that they had no jurisdiction over nurses unless they were actually registered. The secretary, Marian Riddell, was tasked with obtaining annual figures from the police of the number of convicted nurses. In late March 1924, for example, she reported that there had been 11 in 1922, 21 in 1923 and 8 to date in 1924.<sup>19</sup> Not one of the nurses convicted had applied for registration, however, and there the matter had to end. The introduction of nursing registration, then, didn't quite have the RBNA's intended effect of protecting the public from rogue nurses. So long as they didn't refer to themselves as 'registered nurses', anyone could still call themselves a nurse and the GNC had no power to impose sanctions on these women. By 1937, they had prosecuted a mere 26 nurses who falsely claimed to be state registered.<sup>20</sup> This does support the claim of other historians that the Nurses' Registration Act had relatively limited impact in some of the areas it was intended to.<sup>21</sup>

Even when registered nurses committed crimes, however, the decisions made were not straightforward. In 1925 the disciplinary committee agreed that a conviction resulting in imprisonment would lead to a nurse being summarily removed from the register.<sup>22</sup> Yet, while the first nurse to be struck off (Bertha McBickford in September 1924) had been sentenced to six months in prison for theft, most of the cases reported to the GNC had *not* resulted in a prison sentence.<sup>23</sup> In instances of theft – the most common crime reported – the disciplinary committee themselves tended to be sympathetic. As Musson put it, if McBickford 'had got into great difficulties and had given way once and was sorry I should be inclined to give her a chance.'<sup>24</sup> This approach was followed in December 1925 when Elizabeth Shand, a sister in Poole, was charged with stealing a hat and bound over. Shand's case was considered trivial and, after both she and her matron submitted testimonials of character, the committee recommended Shand not be removed from the register.<sup>25</sup> The GNC

<sup>18</sup>King's College London Archive (hereafter KCLA), Royal British Nurses Association (RBNA) Coll., 'A Hundred Nursing Scandals', RBNA9/GL41, 1.

<sup>19</sup>NA, GNC Coll., DT6/45, Secretary's report, 25 March 1924.

<sup>20</sup>Bendall and Raybould, *A History of the General Nursing Council for England and Wales, 1919-1969*, p. 114.

<sup>21</sup>Rafferty, *The Politics of Nursing Knowledge*, p. 137; McGann, Crowther, and Dougall, *A Voice for Nurses: A History of the Royal College of Nursing 1916-90*, p. 32.

<sup>22</sup>NA, GNC Coll., DT6/45, 15 October 1925.

<sup>23</sup>Bendall and Raybould, *A History*, 82. For details of Bickford's case see NA, GNC Coll., DT6/45, Transcript of meeting, 10 September 1924.

<sup>24</sup>NA, GNC Coll., DT6/45, 10 September 1924.

was heavily criticised for this decision by the British College of Nurses (a new organisation set up by Fenwick in 1926), who claimed nurses should see it as of 'vital importance to the honour of their profession and the purity of their Register'.<sup>26</sup> Ann Bushby (a member of the British College of Nurses) appears to have resigned as chair of the disciplinary committee in protest – she didn't attend another meeting for nearly three years.<sup>27</sup> This didn't, however, put a stop to the committee's leniency. In July 1929, when Ivy Edna Wiffen was found guilty of stealing items from her mother, the committee noted that she kept both her parents on her nurse's salary and therefore they should be merciful. They agreed to report Wiffen to Council, but that any committee members attending would speak on her behalf.<sup>28</sup>

The GNC disciplinary committee's approach to theft indicates that, despite being drawn from the nursing elite, many nurses on the committee were inclined to take a contextual view of criminal cases. Nurses were poorly paid, and matrons seem to have been aware of the struggles 'their' nurses might have to survive on low wages, a discussion that came up around every case of theft in this period. Theft itself, then, did not necessarily indicate bad character – as it might have done for Florence Nightingale, whose aim to instil 'order, cleanliness, regularity and moral discipline' in her nurses was based on the assumption that working-class girls did not already possess these traits.<sup>29</sup> For Nightingale, theft and drunkenness was evidence of working class immorality, not a response to circumstance. It was therefore subject to immediate dismissal.<sup>30</sup> Ethel Gordon Fenwick and the RBNA had also, as in the *100 Nursing Scandals* brochure, used cases of nurses convicted of theft as evidence that the profession required regulation. While the first history of the GNC, published in 1969, expressed surprise at the committee's attitude to 'those convicted of what, today, would be regarded as minor offences', we might be more surprised by the disciplinary committee's leniency in some cases, given the strict hospital systems under which most of the nurse committee members had trained.<sup>31</sup> While the elite in nursing certainly continued to promote a bourgeois ideal of feminine virtues in textbooks and guidance literature, in practice their approach could be more nuanced.

When evaluating nurses proposed for removal from the register, there were two questions disciplinary committee members tended to ask. This was clearly outlined in the case of Osbert Friend, a male nurse fined for using a public house as a betting shop:

<sup>25</sup>NA, GNC Coll., DT6/45, 13 January 1927.

<sup>26</sup>Beatrice Kent, 'Objection to the Names of Person Proved Guilty of Theft Being Retained on the Register', *British Journal of Nursing*, April 1927, vol. 75, 80. For the foundation of the British College of Nurses, see Ethel Gordon Fenwick, 'The British College of Nurses', *British Journal of Nursing*, May 1926, vol. 74, 89-90. The College of Nursing took legal advice to try and prevent the formation of a similarly named organisation, but ultimately had to resort to sending leaflets to nurses asking them not to confuse the two organisations. Royal College of Nursing Archives (RCNA), Papers of the Establishment of the College of Nursing Ltd, RCN1/1/1925-8.

<sup>27</sup>Bushby was absent from meetings following an argument about the case on 1 December 1925, returning on 13 September 1928. She also attended a meeting of the British College of Nurses where the case was discussed, in which she was mentioned as the only member of the General Nursing Council to vote against Shand. 'The British College of Nurses', *British Journal of Nursing*, February 1927, vol. 75, 32.

<sup>28</sup>Wiffen was, however, removed from the register by Council in October 1929. When she asked to be reinstated in September 1930, the disciplinary committee refused to consider it. NA, GNC Coll., DT6/45, Transcript of meeting, 26 July 1929.

<sup>29</sup>Baly, *Florence Nightingale*, 178.

<sup>30</sup>Florence Nightingale, *Subsidiary Notes as to the Introduction of Female Nursing into Military Hospitals in Peace and War* (London, Harrison and Sons, 1858) 17.

<sup>31</sup>Bendall and Raybould, *A History*, 114.

‘Is it an offence which would disqualify a man from fulfilling his duties as a nurse? That is the first point. It is not. There are many crimes which betray a depth of depravity which ought to disqualify a man from being on the register of an honourable profession. Is it of that level?’<sup>32</sup>

In practice, these questions were often treated together, as either was regarded as evidence of professional misconduct, an oft-used phrase. Discussion of professional misconduct, then, frequently led the disciplinary committee to touch on the expected character of the nurse: drunkenness could not be tolerated in a matron because it set a bad example,<sup>33</sup> while sleeping on night duty or lying showed a lack of consideration for one’s patients.<sup>34</sup> Yet while the matrons on the committee held very high standards for a nurse’s behaviour, they were not unwilling to step in if they considered that those outside the profession had unreasonable expectations about the behaviour of a nurse. In October 1932, Dr Blair wrote to complain that Nurse Johnson had been ‘very rude’ to him when he was in attendance on her aunt. The committee were roundly dismissive, unanimously declaring that the attitude expected of Johnson as a nurse did not extend to her private life. ‘We cannot interfere between a woman acting in her own private capacity and a doctor no matter how much they quarrel.’ Musson concluded wearily. ‘The fact that she is a nurse does not count unless we can prove that she was very offensive to him.’<sup>35</sup>

The implication was that there were some instances when the private life of a nurse *was* relevant to her professional character – if she was ‘very offensive’ her behaviour might be grounds for removal from the register after all. Nowhere did the personal and professional collide more often than in the matter of sexual relationships. Here, the committee did not wait for cases to be reported but seem to have actively scanned the newspapers and divorce courts for mention of registered nurses. In March 1933, for example, one eagle-eyed committee member spotted that nurse Emily Fender had been mentioned in the divorce courts. The committee tasked the registrar with writing to registered nurse Emily Fender: ‘If she is the same person, she is certainly guilty of immoral conduct’ rebuked Musson.<sup>36</sup>

It was certainly not new for hospital matrons to view themselves as guardians of the sexual morality of nurses. In 1866, Sarah Elizabeth Wardroper, matron of St Thomas’ Hospital and the Nightingale School of Nursing, complained to Florence Nightingale that: ‘It has for so many years been too much the habit of medical students to make playthings of hospital nurses.’<sup>37</sup> Wardroper’s strict rules were designed to be protective of her nurses from these elite doctors and medical students who saw it as their right to ‘make playthings’ of working-class women. Yet it was the nurses Wardroper dismissed if they were seen to be indulging in ‘light or unnecessary conversation’ with medical students, reflecting the controlling attitude of middle-class women towards working-class sexuality.<sup>38</sup> Drawing on these concerns,

<sup>32</sup>NA, GNC Coll., DT6/45, 7 December 1926.

<sup>33</sup>Matron Edna Lovekin, NA, GNC Coll., DT6/45, 29 January 1929 and 15 February 1929.

<sup>34</sup>Nurse E.G. Jones, NA, GNC Coll., DT6/45, 22 April 1925.

<sup>35</sup>NA, GNC Coll., DT6/45, 11 October 1932.

<sup>36</sup>NA, GNC Coll., DT6/45, 7 March 1933.

<sup>37</sup>Sarah Elizabeth Wardroper to Florence Nightingale, 19 April 1866, British Library ADD MSS 47729, ff 1825-5 cited in Carol Helmstadter, ‘“A Real Tone”: Professionalizing Nursing in Nineteenth-Century London’, *Nursing History Review*, vol. 11, 2003: 3-30, 21.

<sup>38</sup>Helmstadter, ‘A Real Tone’, 21.



Nightingale herself stated firmly that ‘none but women of unblemished character should be suffered to enter the work, and any departure from chastity should be visited with instant final dismissal.’<sup>39</sup> Rules and guidance procedures for hospital nursing continued to show an unbending strictness towards nurses’ private lives in the early twentieth century. Nurses were not permitted to socialise with male staff, especially medical students, to ensure they stayed ‘unblemished’.<sup>40</sup> In practice, however, the approach appears to have become more nuanced by the 1920s. In November 1927, Winifred Kinnaird approached the GNC Registrar, asking whether she could continue to wear her badge and uniform as a registered nurse. ‘She told her [the registrar] without being asked, but at the same time without being warned that anything she said would be used against her, that she had had 2 illegitimate children.’ The committee were all agreed that it would not be ‘fair or just’ to act upon Kinnaird’s confession, nor could they gain evidence to corroborate it for, although four matrons could apparently confirm the story, each knew it only because Kinnaird had been their patient. Kinnaird was told she could continue to wear the uniform as long as her name was on the register, despite being ‘a danger to her patients and her patients’ relations’ and ‘thoroughly bad’. This example indicates that matrons took seriously their *own* morals and responsibilities – in this case, confidentiality was more important than sexual indiscretion. Kinnaird was not removed from the register, although the committee wrote to frighten her off renewing her registration. The letter was returned.<sup>41</sup>

Reactions within the GNC disciplinary committee to Winifred Kinnaird’s illegitimate children were explained by members as a desire to ‘purify the profession’.<sup>42</sup> It is easy for us to interpret this as a class-based conflict, linked to the late nineteenth and early twentieth century concerns of middle-class women about controlling the sexual activity of their working-class counterparts.<sup>43</sup> It also appears to be steeped in assumptions about female morality; a requirement for nurses to be pure and virginal. In the last few decades of the nineteenth century, nurses were certainly dismissed for pregnancy outside of wedlock: the ‘ultimate Victorian taboo’ as Sue Hawkins puts it.<sup>44</sup> Yet we should be careful in drawing rapid conclusions about what exactly the GNC disciplinary committee objected to in Kinnaird’s case. When the subject of illegitimate children came up again in 1934, the discussion was more detailed. Rachael Cox-Davies noted that the Royal Free Hospital (where she had been matron from 1905-1923) had never in this time stopped nurses getting their certificates because they had illegitimate children. This suggests that an illegitimate child did not automatically imply a bad character. Musson, the very woman who had called Kinnaird ‘thoroughly bad’, agreed that one illegitimate child might be understandable – it was two that showed a pattern and ‘misconduct unbecoming to a nurse’.<sup>45</sup> Thus in Kinnaird’s case it seems likely that it was the fact that she had more than one illegitimate child that was felt to reflect so poorly on her character. Indeed, the disciplinary committee’s

<sup>39</sup>Nightingale, *Subsidiary Notes*, 7.

<sup>40</sup>KCLA, ‘Nurses’ (handbook for probationers), 1911, KH/N/LSN4/1, 2.

<sup>41</sup>NA, GNC Coll., DT6/45, 28 November 1927.

<sup>42</sup>NA, GNC Coll., DT6/45, 28 November 1927.

<sup>43</sup>For example, the attitudes in Anna Davin, ‘Imperialism and Motherhood’, *History Workshop Journal*, 5 (1978), 9–65; Judith R Walkowitz, *Prostitution and Victorian Society: Women, Class and the State* (Cambridge, Cambridge University Press, 1980); Catherine Judd, *Bedside Seductions: Nursing and the Victorian Imagination, 1830-1880* (Basingstoke, Macmillan, 1998).

<sup>44</sup>Sue Hawkins, *Nursing and Women’s Labour: the Quest for Independence* (London and New York, Routledge, 2010) 153.

<sup>45</sup>NA, GNC Coll., DT6/45, 9 January 1934.

discussions even covered areas usually entirely absent from other records on nursing conduct, such as abortion. In 1933, when Ethel Todd was accused by her brother-in-law of having had an illegal abortion, Musson's response implied that one abortion might also be understandable, and thus not automatic grounds for removal from the register, despite being a criminal offence until 1967.<sup>46</sup>

The Todd case provoked a letter from the GNC's solicitor, Mr Pitt, asking the committee to consider their definition of misconduct. Did misconduct, Pitt enquired, refer solely to 'professional misconduct arising in course of duties as a nurse' or did it also include 'misconduct in her private life.'<sup>47</sup> This had, indeed, been discussed repeatedly by the committee over the past decade, and the distinction was rarely clear. In 1929, for example, May Constance Pledge was reported as having moved in with another woman's husband. Although she had met the man in a personal capacity, and not during her duties as a nurse, several nurses on the committee firmly classed this as professional misconduct. A line was also drawn between the character of a nurse and that of a doctor. After a heated discussion, in which a furious Gertrude Cowlin objected that a nurse could not be taken off the register 'for her private and social life' and asked why Pledge should be penalised and not the man, the committee decided to telephone the General Medical Council to ask for their advice. The registrar reported back that 'the decision of the G.M.C. is that a doctor could run away with half a dozen women so long as he was not introduced into the house in a professional capacity. He can go on doctoring.'<sup>48</sup>

For some of the nurses on the committee, this did not suggest an example to follow but instead highlighted the difference between a doctor and a nurse. This distinction was not explicitly based on gender, even if it was attached to the gendered nature of the two professions. It was Murrell, a female doctor, who wanted to use the GMC as a baseline. 'We can't accept the same standard,' Musson countered, 'because the positions are not the same.'<sup>49</sup> A doctor is 'only in the house for a few minutes', agreed Bushby, whereas a nurse attending a patient over a long period was required to show a far greater degree of honesty and integrity. When the matter arose again in 1929, the committee decided to take the issue to Council in order to 'begin to build up some ethical code'.<sup>50</sup> The position reported back to the solicitor in 1933 was that 'the feeling of the Council is that we hold that misconduct covers anything which so affects a nurse's character that we think she is not a fit person to be let loose in houses of patients.'<sup>51</sup> This rather vague definition of conduct did not appear in Musson's statement, published in the nursing press, outlining the procedure in disciplinary and penal cases.<sup>52</sup>

This was not merely a double standard applied to female nurses and male doctors, even if the rules governing the sexual behaviour of nurses had initially arisen from this context. The sexual impropriety of male nurses was also deemed professional misconduct. In November

<sup>46</sup>NA, GNC Coll., DT6/45, 9 May 1933.

<sup>47</sup>*ibid.*

<sup>48</sup>*ibid.*

<sup>49</sup>NA, GNC Coll., DT6/45, 9 May 1933.

<sup>50</sup>NA, GNC Coll., DT6/45, 22 November 1929.

<sup>51</sup>NA, GNC Coll., DT6/45, 9 May 1933.

<sup>52</sup>'Procedure Adopted in Dealing with Disciplinary and Penal Cases', *British Journal of Nursing*, July 1933, 81, 199.



1927, the committee received a complaint from a Mr Doggett concerning his brother-in-law Mr Hewitt, a registered mental nurse who had deserted his wife.<sup>53</sup> Hewitt had left Hellesteden Mental Hospital without notice, taking with him a pregnant probationer. While one of the medical men on the committee dismissed the idea of taking a man off the register 'for a moral offence like that', the nurses argued that Hewitt's actions, like those of Pledge, constituted 'professional misconduct' (as Cox-Davies put it). Desertion, Musson claimed, was a legal offence and, moreover, the act 'transgresses against all our traditions'. The argument given for removing Hewitt from the register thus merged his untrustworthy nature with the repeated 'duty to keep the register pure.'<sup>54</sup> While these standards may have been formed from middle-class ideals of female behaviour, this did not stop the GNC disciplinary committee trying to apply them to working-class men.<sup>55</sup> In Hewitt's case, however, they were prevented by a lack of evidence.<sup>56</sup>

Despite their often harsh words on the behaviour of nurses who had affairs with married men, gave birth to illegitimate children or were named in divorce courts – and that some nurses in these situations were indeed struck off the register – the GNC disciplinary committee in the interwar period remained open to considering the context of each case.<sup>57</sup> It seems unlikely that these nurses, many of whom had trained under the strict discipline of the 1890s, represented a view completely at odds with other senior nurses of their era (except, perhaps, for those in the British College of Nurses). As Emily MacManus, the matron of Guy's Hospital, put it after joining the committee in 1934: 'the people who are dealing with people so often know extenuating circumstances'.<sup>58</sup> This apparent willingness to consider the circumstances of each nurse before judging her character would never be apparent to the historian from reading published guidance on nurses' conduct, or even the official statements of the committee.

Florence Nightingale had firmly declared that nurses should be 'irreversibly dismissed for the first offence of unchastity, drunkenness, or dishonesty, or proved impropriety of any kind'.<sup>59</sup> In the interwar period, however, although rigid codes of behaviour for nursing remained the norm in hospital rules and nursing textbooks, in practice extenuating circumstances were often considered. Despite the oppressive set of ideals laid onto nursing at this time, a crime, a love affair or an illegitimate child might be deemed understandable if it were a one-off. The nurse's repentance and discretion were emphasised over and above the crime itself. Of course, the very fact that these things were considered 'professional misconduct' at all also shows a significant difference with nursing today, when the private sexual conduct of women is no longer considered relevant to their working lives in the same way. This reminds us that expectations on nurses continue to change as social attitudes to gender and class alter, and that the idea of the 'good nurse' is not a universal concept.

<sup>53</sup>NA, GNC Coll., DT6/45, 28 November 1927.

<sup>54</sup>NA, GNC Coll., DT6/45, 2 February 1928.

<sup>55</sup>Most male psychiatric nurses in the late nineteenth and early twentieth centuries were from working class backgrounds. Louise Hide, *Gender and Class in English Asylums, 1890-1914* (Basingstoke and New York, Palgrave Macmillan, 2014).

<sup>56</sup>NA, GNC Coll., DT6/45, 11 May 1928.

<sup>57</sup>Bendall and Raybould, *History*, 114.

<sup>58</sup>NA, GNC Coll., DT6/45, 9 January 1934.

<sup>59</sup>Nightingale, *Subsidiary Notes*, 17.